

ACH PAYMENT

CREDIT / DEBIT AUTHORIZATION

Effective _____, I (we) authorize Equustock, LLC to initiate a Charge/Credit entry to my

(our) checking/ savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited / debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Bank a reasonable opportunity to act on it.

Name of Financial Institution: _____

Location (City & State): _____

Financial Institution's Routing Transit Number: _____

(Look between symbols "|: |: " on your check)

Customer /Employee Signature

Date

Customer /Employee Name (Print Name)

Checking Account No. _____

If your account is to be charged, you may select a

Savings Account No. _____

"Set Amount" \$ _____

OR

"Maximum Amount" \$ _____

Please Attach a Copy of a Cancelled Check